

OFFICE CLEANING SCHEDULE/POLICY

Facility Cleaning

<input type="checkbox"/> Occurs Daily by:							
<input type="checkbox"/> Occurs Weekly by:							
Solutions Used:							
Includes:	MON	TUE	WED	THRU	FRI	SAT	SUN
<input type="checkbox"/> Floors							
<input type="checkbox"/> Exam Tables							
<input type="checkbox"/> Restrooms							
<input type="checkbox"/> Furniture							
<input type="checkbox"/> Dusting entire office							

Exam Room/Patient Restroom(if in office) Daily Cleaning:

Solution Used:	
End of Day by:	
As needed during day by	

Biohazardous Spill during Office Hours

Assigned Person: _____

Uses only the Personnel Protection Kit(Spill or Infection control kit)
Places materials in Red Biohazard bag and places in the biohazard storage container.

OFFICE CLEANING SCHEDULE

Facility Cleaning

<input type="checkbox"/> Occurs Daily by:	
<input type="checkbox"/> Occurs Weekly by:	
Solutions Used:	
	2Xdaily - Weekly - Daily
<input type="checkbox"/> Floors	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Exam Tables	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Restrooms	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Furniture	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Dusting office	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Exam Room/Patient Restroom(if in office) Daily Cleaning:

Solution Used:	
End of Day by:	
As needed during day by	

Biohazardous Spill during Office Hours

Assigned Person: _____

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